

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

INTER-OFFICE MEMORANDUM

TO: Office of Human Resources  
DEPT: CORRECTIONS  
FROM: \_\_\_\_\_  
FACILITY: \_\_\_\_\_  
SUBJECT: Notice of change in Shift / Days Off / Facility

|                             |                        | FROM     |       |          | TO       |       |          |
|-----------------------------|------------------------|----------|-------|----------|----------|-------|----------|
| Correctional Officers' Name | Social Security Number | Facility | Shift | Days Off | Facility | Shift | Days Off |
|                             |                        |          |       |          |          |       |          |
|                             |                        |          |       |          |          |       |          |
|                             |                        |          |       |          |          |       |          |
|                             |                        |          |       |          |          |       |          |
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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Effective Date